

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name COMMITTEE TO ELECT BRANDON JONES

Full Address P.O. BOX 571, PASLAGOULA, MS 39568

Telephone 228-769-2070 (Fax) 228-769-1992

E-mail bjones@house.ms.gov

Office Sought N/A Political Party DEMOCRAT

☒ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Candidates shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed. See Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the day of filing. If on a weekend or a holiday, the office must be in actual receipt of the required reports before the deadline. Faxed reports are acceptable.

DIII

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 9,900.00	\$ 5,750.00	\$ 15,650.00
Total amount of disbursements	\$ 6,319.96	\$ 2,248.51	\$ 8,568.47
Total amount of cash on hand		\$ 11,684.76	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

BL Jones
Signature of Candidate

1/29/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee COMM. TO ELECT BRANDON JONESReporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>HON. R.H. & BETTY OSWALD</u>	<u>4/29/09</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 189</u>	<u> / / </u>	\$
City, State, Zip Code	<u>PASCOGOLA, MS 39568</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>N/A</u>	<u> / / </u>	\$
Occupation (Required)	<u>RETIRED JUDGE</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>WILLIAM T. REED</u>	<u>4/29/09</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 1428</u>	<u> / / </u>	\$
City, State, Zip Code	<u>PASCOGOLA, MS 39568</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>OSWALD & REED</u>	<u> / / </u>	\$
Occupation (Required)	<u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MARGARET P. ELLIS</u>	<u>5/15/09</u>	\$ <u>500.00</u>
Mailing Address	<u>2609 LYNWOOD STREET</u>	<u> / / </u>	\$
City, State, Zip Code	<u>PASCOGOLA, MS 39567</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>SELF-EMPLOYED</u>	<u> / / </u>	\$
Occupation (Required)	<u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>SCOTT CUMBEST</u>	<u>5/15/09</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. DRAWER 1287</u>	<u> / / </u>	\$
City, State, Zip Code	<u>PASCOGOLA, MS 39568</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>CUMBEST, CUMBEST, HUNTER & M-CORMICK</u>	<u> / / </u>	\$
Occupation (Required)	<u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee COMM. TO ELECT BRANDON JONESReporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BREHM T. BELL, P.L.L.C.</u>		<u>5/26/19</u>	\$ <u>250.00</u>
Mailing Address <u>544 MAIN STREET</u>		___/___/___	\$
City, State, Zip Code <u>BAY ST. LOUIS, MS 39520</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOSEPH & VIRGINIA LOCOLO</u>		<u>5/27/19</u>	\$ <u>400.00</u>
Mailing Address <u>3512 RIVER BLUFF ROAD</u>		___/___/___	\$
City, State, Zip Code <u>OSBERVILLE, MS 39546</u>		___/___/___	\$
Name of Employer (Required) <u>LOCOLO & LOCOLO</u>		___/___/___	\$
Occupation (Required) <u>ATTORNEYS</u>		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DANNY E. CUPIT</u>		<u>6/15/19</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 22929</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		___/___/___	\$
Name of Employer (Required) <u>SELF EMPLOYED</u>		___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH, INC.</u>		<u>6/22/19</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 550</u>		___/___/___	\$
City, State, Zip Code <u>CLEVELAND, TN 37364</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee COMM. TO ELECT BRANDON JONESReporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHN G. CLARK</u>		<u>6/29/19</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. DRAWER 1268</u>		___/___/___	\$
City, State, Zip Code <u>PASCOGOLA, MS 39568</u>		___/___/___	\$
Name of Employer (Required) <u>SELF-EMPLOYED</u>		___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PIHMAN, GERMANY, ROBERTS & WELSH, L.L.P.</u>		<u>7/28/19</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 22985</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HOPKINS, BARVIE & HOPKINS, P.L.L.C.</u>		<u>8/3/19</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 1510</u>		___/___/___	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>9/2/19</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9034</u>		___/___/___	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee COMM. TO ELECT BRANDON JONESReporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MEDCO HEALTH SOLUTIONS, INC.</u>		<u>9/15/19</u>	\$ <u>250.00</u>
Mailing Address <u>100 PARSONS POND DRIVE</u>		___/___/___	\$
City, State, Zip Code <u>FRANKLIN LAKES, NJ 07417</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ART PAC</u>		<u>9/18/19</u>	\$ <u>250.00</u>
Mailing Address <u>175 E. CAPITAL ST., LANDMARK CTR, 703</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHARLES MULLINS</u>		<u>9/29/19</u>	\$ <u>250.00</u>
Mailing Address <u>500 N. STATE ST.</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		___/___/___	\$
Name of Employer (Required) <u>COXWELL & ASSOC., P.L.L.C.</u>		___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>THE SMITH LAW FIRM, P.L.L.C.</u>		<u>11/17/19</u>	\$ <u>500.00</u>
Mailing Address <u>681 TOWNE CENTRE BLVD.</u>		___/___/___	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee COMM. TO ELECT BRANDIN JONESReporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>STEVE & JENNIFER MULLINS</u>		<u>12/25/19</u>	\$ <u>2,000.00</u>
Mailing Address <u>3712 TUTTILL PL</u>		___/___/___	\$
City, State, Zip Code <u>MOBILE, AL 36608-2035</u>		___/___/___	\$
Name of Employer (Required) <u>LUCKEY & MULLINS</u>		___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee COMM. TO ELECT BARNDON JONESReporting period 1/1/19 through 12/31/19

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SPECIAL OLYMPICS</u>	<u>1/26/19</u>	\$ <u>300.00</u>
Mailing Address		
<u>15 OLYMPIC WAY</u>		
City, State, Zip Code		
<u>MADISON, MS 39110</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>VPAC COMMITTEE</u>	<u>5/21/19</u>	\$ <u>2,500.00</u>
Mailing Address		
<u>633 NORTH STATE STREET</u>		
City, State, Zip Code		
<u>JACKSON, MS 39202</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,500.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>INFO U.S.A.</u>	<u>7/15/19</u>	\$ <u>373.88</u>
Mailing Address		
<u>5711 SOUTH 86TH CIRCLE</u>		
City, State, Zip Code		
<u>OMAHA, NE 68127</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>373.88</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PASLAGOULA YOUTH BASEBALL</u>	<u>7/23/19</u>	\$
Mailing Address		
<u>P.O. Box 539</u>		
City, State, Zip Code		
<u>PASLAGOULA, MS 39568</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SAM'S CLUB</u>	<u>8/18/19</u>	\$ <u>241.74</u>
Mailing Address		
<u>601 E. I-65 SERVICE RD. SD.</u>		
City, State, Zip Code		
<u>MOBILE, AL 36606</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>241.74</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BOZO'S SEAFOOD</u>	<u>8/24/19</u>	\$ <u>1,135.70</u>
Mailing Address		
<u>2012 INGALLS AVE.</u>		
City, State, Zip Code		
<u>PASLAGOULA, MS 39567</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,135.70</u>
<u>SMALL BUSINESS EVENT</u>		

Name of Candidate or Committee COMM. TO ELECT BRANDON TOWESReporting period 1/1/19 through 12/31/19

ITEMIZED DISBURSEMENTS

A. Full name <u>PHS FORENSICS TEAM</u>	Date (Mo., Day, Year) <u>10/1/19</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>1716 TUCKER AVE.</u>	<u>10/1/19</u>	\$ <u>500.00</u>
City, State, Zip Code <u>PASCABOULA, MS 39567</u>	<u>10/1/19</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u></u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>BARTON LAW FIRM</u>	Date (Mo., Day, Year) <u>10/1/19</u>	Amount of each disbursement this period \$ <u>318.64</u>
Mailing Address <u>3007 MAGNOLIA STREET</u>	<u>10/1/19</u>	\$ <u>318.64</u>
City, State, Zip Code <u>PASCABOULA, MS 39567</u>	<u>10/1/19</u>	\$ <u>318.64</u>
Purpose of Disbursement (Optional) <u>POSTAGE REIMBURSEMENT</u>	Aggregate Year-to-date	\$ <u>318.64</u>
C. Full name <u>UNITED CARE, U.S.A.</u>	Date (Mo., Day, Year) <u>12/16/19</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>P.O. BOX 74191</u>	<u>12/16/19</u>	\$ <u>300.00</u>
City, State, Zip Code <u>FORT WORTH, TX 76117</u>	<u>12/16/19</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u></u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name <u>PASCABOULA HIGH QUARTERBACK CLUB</u>	Date (Mo., Day, Year) <u>8/15/19</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address <u>P.O. BOX 1674</u>	<u>8/15/19</u>	\$ <u>150.00</u>
City, State, Zip Code <u>PASCABOULA, MS 39568</u>	<u>11/3/19</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional) <u></u>	Aggregate Year-to-date	\$ <u>350.00</u>
E. Full name <u></u>	Date (Mo., Day, Year) <u>1/1/19</u>	Amount of each disbursement this period \$ <u></u>
Mailing Address <u></u>	<u>1/1/19</u>	\$ <u></u>
City, State, Zip Code <u></u>	<u>1/1/19</u>	\$ <u></u>
Purpose of Disbursement (Optional) <u></u>	Aggregate Year-to-date	\$ <u></u>
F. Full name <u></u>	Date (Mo., Day, Year) <u>1/1/19</u>	Amount of each disbursement this period \$ <u></u>
Mailing Address <u></u>	<u>1/1/19</u>	\$ <u></u>
City, State, Zip Code <u></u>	<u>1/1/19</u>	\$ <u></u>
Purpose of Disbursement (Optional) <u></u>	Aggregate Year-to-date	\$ <u></u>